

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>				Attorney Docket No.		LUD-5752	
				First Inventor or Application Identifier		Jean-Christophe RENAULD et al	
				Title		ISOLATED CYTOKINE RECEPTOR LICR-2	
				Express Mail Label No.		EL649538255US	
APPLICATION ELEMENTS  <i>See MPEP chapter 600 concerning utility patent application contents.</i>				ADDRESS TO Assistant Commissioner for Patents Box Patent Application Washington, DC 20231		J1040 U.S. PTO 10/026106 12/21/01	
1.	<input checked="" type="checkbox"/>	*Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		6.	<input type="checkbox"/>	Microfiche Computer Program (Appendix)	
2.	<input checked="" type="checkbox"/>	Specification (preferred arrangement set forth below)	Total Pages 34	7.	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		
		- Descriptive title of the Invention		a.	<input type="checkbox"/>	Computer Readable Copy	
		- Cross References to Related Applications		b.	<input checked="" type="checkbox"/>	Paper Copy (identical to computer copy)	
		- Reference of Microfiche Appendix		c.	<input type="checkbox"/>	Statement verifying identity of above copies	
		- Background of the Invention		ACCOMPANYING APPLICATION PARTS			
		- Brief Summary of the Invention		8.	<input type="checkbox"/>	Assignment Papers (cover sheet & document(s))	
		- Brief Description of the Drawings (if filed)		9.	<input type="checkbox"/>	37 C.F.R. §3.73(b) Statement (when there is an assignee)	<input type="checkbox"/> Power of Attorney
		- Detailed Description		10.	<input type="checkbox"/>	English Translation Document (if applicable)	
		- Claim(s)		11.	<input type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations
		- Abstract of the Disclosure		12.	<input type="checkbox"/>	Preliminary Amendment	
3.	<input type="checkbox"/>	Drawing(s) (35 U.S.C. 113)	Total Sheets	13.	<input checked="" type="checkbox"/>	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
				14.	<input type="checkbox"/>	*Small Entity Statement(s)	<input type="checkbox"/> Statement filed in prior application, Status is proper and desired
4.	<input checked="" type="checkbox"/>	Oath or Declaration	Total Pages 3	15.	<input type="checkbox"/>	Certified Copy of Priority Document(s)	
	a.	<input checked="" type="checkbox"/> Newly executed (original or copy)		16.	<input checked="" type="checkbox"/>	Other: Check For Filing Fee	
	b.	<input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 17 completed)					
	i.	<input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33 (b)					

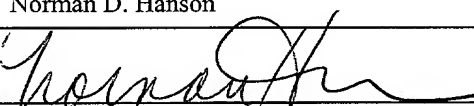
	<i>Complete if Known</i>	
	Application Number	To be assigned
<b>FEE TRANSMITTAL</b>	Filing Date	Herewith
	First Named Inventor	Jean-Christophe RENAULD
	Group Art Unit	To be assigned
	Examiner Name	To be assigned
	Attorney Docket No.	LUD-5752

### FEE CALCULATION

(1)	(2)	(3)	(4)	(5)
FOR: <b>Small entity</b>	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE <b>\$370.00</b>
TOTAL CLAIMS	37- 20 =	17	x 9.00	\$153.00
INDEPENDENT CLAIMS	4- 3 =	1	x 42.00	\$ 42.00
MULTIPLE DEPENDENT CLAIMS		N/A	\$260/130.00	□□□□
			TOTAL FEES	\$565.00

### METHOD OF PAYMENT

- ☐ Please charge Deposit Account No. 50-0624 in the amount of \$\_\_\_\_\_
- ☒ A check for \$565.00 is enclosed to cover the cost of the Application filing fee.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>
Typed or Printed Name	Norman D. Hanson	Reg. No. 30,946
Signature		<b>Deposit Account No. 50-0624</b>
	Date: December 21, 2001	

\* NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)

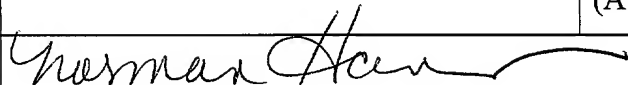
5.	<input type="checkbox"/> Incorporation By Reference <small>(useable if Box 4b is checked)</small>	The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be a part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

**17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:**

<input type="checkbox"/>	Continuation	<input type="checkbox"/>	Divisional	<input type="checkbox"/>	Continuation-in-part (CIP)	of prior application No:	
Prior application information:		Examiner:		Group / Art Unit:			

**18. CORRESPONDENCE ADDRESS**

<input type="checkbox"/>	Customer Number or bar code label	24972	or	<input checked="" type="checkbox"/>	Correspondence address below
	<small>(Insert Customer No. or Attach bar code label here)</small>				

Name	Fulbright & Jaworski LLP				
Address	666 Fifth Avenue				
City	New York	State	New York	ZIP Code	10103
Country	USA	Telephone	212-318-3000	Fax	212-318-3400
Name (Print/Type)	Norman D. Hanson		Registration No. (Attorney/Agent)		30,946
Signature				Date	December 21, 2001